THERMAL CAPSULORRHAPHY FOR TREATMENT OF JOINT INSTABILITY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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Description:

Thermal capsulorrhaphy uses laser energy or radiofrequency probes to heat and tighten the capsule and ligaments. Thermal capsulorrhaphy, also referred to as thermal shrinkage, may be used as a sole procedure or as an adjunct to arthroscopic repair of torn ligaments. Thermal capsulorrhaphy has been investigated as a treatment for joint instability of the shoulder, elbow and knee and has been considered for individuals with congenital ligamentous laxity due to connective tissue disorders, such as Ehlers-Danlos or Marfan's syndrome.
THERMAL CAPSULORRHAPHY FOR TREATMENT OF JOINT INSTABILITY (cont.)

Criteria:

- Thermal capsulorrhaphy for treatment of joint instability is considered experimental or investigational based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
  4. Insufficient evidence to support improvement outside the investigational setting.

Examples include, but are not limited to:

- Knee
- Elbow
- Shoulder

Resources:


